

B 5 (Official Form 5) (12/07)

<b>UNITED STATES BANKRUPTCY COURT</b> <i>Middle District of Florida</i> <b>Tampa Division</b>		<b>INVOLUNTARY PETITION</b>	
IN RE (Name of Debtor – If Individual: Last, First, Middle) <i>Ardent, Inc.</i>		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.) <i>Ardent Acquisition Corp.</i>	
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.):			
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) <i>4311 General Howard Drive</i> <i>Clearwater, FL 33762</i>		MAILING ADDRESS OF DEBTOR (If different from street address)	
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS <i>Pinellas County, FL 33762</i>		ZIP CODE	
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)			
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11			
<b>INFORMATION REGARDING DEBTOR (Check applicable boxes)</b>			
<b>Nature of Debts</b> (Check one box.)  Petitioners believe:  <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	<b>Type of Debtor</b> (Form of Organization)  <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	
<b>VENUE</b>  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		<b>FILING FEE (Check one box)</b>  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. [If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]	
<b>PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR</b> (Report information for any additional cases on attached sheets.)			
Name of Debtor	Case Number	Date	
Relationship	District	Judge	
<b>ALLEGATIONS</b> (Check applicable boxes)			
1. <input checked="" type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.			

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FILED

 U.S. BANKRUPTCY COURT  
 MIDDLE DISTRICT OF FLORIDA  
 TAMPA DIVISION

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor Avantair, Inc.

Case No. \_\_\_\_\_

**TRANSFER OF CLAIM**

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

**REQUEST FOR RELIEF**

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x R. David Jones Manager  
Signature of Petitioner or Representative (State title)  
SOLDIER CREEK RANCH LLC 7-15-13  
Name of Petitioner Date Signed

Name & Mailing  
Address of Individual R DAVID JONES  
Signing in Representative 600 W. 6th St, Ste 300  
Capacity Fort Worth TX  
76102

x Bruce W. Akerly 7-24-13  
Signature of Attorney Date

Name of Attorney Firm (If any) BRUCE W. AKERLY  
CANTLEY HANGER LLP  
Address 1999 BRYAN SUITE 3330  
DALLAS TEXAS 75201

Telephone No. 214-978-4129

x R. David Jones Individually  
Signature of Petitioner or Representative (State title)  
R DAVID JONES 7-15-13  
Name of Petitioner Date Signed

Name & Mailing  
Address of Individual 600 W. 6th St.  
Signing in Representative Ste 300  
Capacity Fort Worth, TX 76102

x \_\_\_\_\_  
Signature of Attorney Date

Name of Attorney Firm (If any) SAME

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

x \_\_\_\_\_  
Signature of Petitioner or Representative (State title)

Name of Petitioner \_\_\_\_\_ Date Signed \_\_\_\_\_

Name & Mailing  
Address of Individual \_\_\_\_\_  
Signing in Representative \_\_\_\_\_  
Capacity \_\_\_\_\_

x \_\_\_\_\_  
Signature of Attorney Date

Name of Attorney Firm (If any) \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

**PETITIONING CREDITORS**

Name and Address of Petitioner	Nature of Claim	Amount of Claim
<u>SOLDIER CREEK RANCH LLC</u>	<u>Breach of Contract</u>	<u>\$ 11250.00</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.	Total Amount of Petitioners' Claims	

2 continuation sheets attached

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor Avantair Inc.

Case No. \_\_\_\_\_

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x R. David Jones Manager  
Signature of Petitioner or Representative (State title)  
SOLDIER CREEK RANCH LLC 7-15-13  
Name of Petitioner Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity  
R DAVID JONES  
600 W. 6<sup>th</sup> ST, Ste 300  
Fort Worth TX  
76102

x \_\_\_\_\_  
Signature of Attorney Date  
\_\_\_\_\_  
Name of Attorney Firm (If any)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Telephone No.

x R. David Jones Individually  
Signature of Petitioner or Representative (State title)  
R DAVID JONES 7-15-13  
Name of Petitioner Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity  
600 W. 6<sup>th</sup> St.  
Ste 300  
Fort Worth, TX 76102

x \_\_\_\_\_  
Signature of Attorney Date  
\_\_\_\_\_  
Name of Attorney Firm (If any)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Telephone No.

x Joel Trammell  
Signature of Petitioner or Representative (State title)  
Joel Trammell  
Name of Petitioner Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity  
1620 Palomino Ridge Dr.  
Austin, TX 78733

x Bruce W. Akery 7-24-13  
Signature of Attorney Date  
\_\_\_\_\_  
Name of Attorney Firm (If any)  
BRUCE W. AKERLY  
CANTLEY HANGER LLP  
\_\_\_\_\_  
Address  
1999 BRYAN SUITE 3330  
DALLAS TEXAS 75201  
\_\_\_\_\_  
Telephone No.  
214-978-4129

## PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
<u>SOLDIER CREEK RANCH LLC</u>	<u>Breach of Contract</u>	<u>\$ 11,250.00</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
<u>Joel Trammell, 1620 Palomino Ridge Dr.</u>	<u>Breach of Contract</u>	<u>\$ 1,554.00</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
<u>Austin, Texas</u> <u>78733</u>		
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

\_\_\_\_ continuation sheets attached

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Case No. \_\_\_\_\_

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>x <u><i>Mike L. Alfred</i></u> Signature of Petitioner or Representative (State title)</p> <p><u>Mike L. Alfred</u> Name of Petitioner</p> <p><u>7-22-13</u> Date Signed</p> <p>Name &amp; Mailing Address of Individual Signing in Representative Capacity</p> <p><u>4951 S. Mingo</u> <u>(Co-Trustee, Michael</u> <u>L. Alfred Revocable Trust</u></p> </div> <div style="width: 15%; text-align: right;"> <p><u>7-24-13</u> Date</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>x <u><i>Bruce W. Akerly</i></u> Signature of Attorney</p> <p><u>BRUCE W. AKERLY</u> Name of Attorney</p> <p><u>1999 BRYAN SUITE 3330</u> Address</p> <p><u>DALLAS TEXAS 75201</u> Address</p> <p><u>214-978-4129</u> Telephone No.</p> </div> <div style="width: 15%; text-align: right;"> <p><u>7-22-13</u> Date</p> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>x _____ Signature of Petitioner or Representative (State title)</p> <p>_____ Name of Petitioner</p> <p>_____ Date Signed</p> <p>Name &amp; Mailing Address of Individual Signing in Representative Capacity</p> </div> <div style="width: 15%; text-align: right;"> <p>_____ Date</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>x _____ Signature of Attorney</p> <p>_____ Name of Attorney Firm (If any)</p> <p>_____ Address</p> <p>_____ Telephone No.</p> </div> <div style="width: 15%; text-align: right;"> <p>_____ Date</p> </div> </div>	
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PETITIONING CREDITORS		
<p>Name and Address of Petitioner <u>Michael L. Alfred</u> <u>(Co-Trustee, Michael L. Alfred Rev. Trust</u></p>	<p>Nature of Claim <u>Breach of Contract</u></p>	<p>Amount of Claim <u>\$241,000.00</u></p>
<p>Name and Address of Petitioner <u>(See above)</u></p>	<p>Nature of Claim</p>	<p>Amount of Claim</p>
<p>Name and Address of Petitioner</p>	<p>Nature of Claim</p>	<p>Amount of Claim</p>
<p>Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.</p>		<p>Total Amount of Petitioners' Claims</p>

\_\_\_\_\_ continuation sheets attached

2

IN RE: AVANTAIR, INC. f/k/a Ardent Acquisition Corp.

DATED: July 25, 2013.

**GLENN RASMUSSEN, P.A.**

By: 

Robert B. Glenn  
Florida Bar No. 159844  
100 S. Ashley Drive, Suite 1300  
Tampa, FL 33602  
Telephone: (813) 229-3333  
Facsimile: (813) 229-5946  
Co-counsel for Petitioning Creditors